

The Medicare-Medicaid Coordinated Plan

Through modernization of Medicaid in Idaho, Medicaid has implemented the Medicare-Medicaid Coordinated Plan beginning April 1, 2007. This new benefit plan gives participants that are eligible for both Medicare and Medicaid an additional option for managing their benefits.

The Medicare-Medicaid Coordinated Plan is Medicaid's program for adults over the age of twenty-one (21). Participants enrolled in this plan will be eligible for the full range of services currently available in the Idaho Medicaid plan with the addition of increased coordination with the Medicare program for delivery of services.

Currently participants that are eligible for both Medicare and Medicaid fall into one of two benefit coverage types:

- 1. Participant has original Medicare and Medicaid Enhanced Plan benefits.
- 2. Participant chooses to sign up for a Medicare Advantage Plan, through a private insurance company, in addition to their Medicaid Enhanced Plan benefits.

Idaho Medicaid has partnered with Blue Cross of Idaho and United Healthcare insurance companies to modify select Medicare Advantage Plans in order to implement this new benefit plan. This benefit plan, called the Medicare-Medicaid Coordinated Plan, provides coordination of benefits and expanded coverage and selection of providers in the areas of vision, hearing, dental, and prescription drug services (includes non-Medicare Part D drugs that Medicaid currently covers). Most potential participants that can choose this new plan are currently enrolled in the Medicaid Enhanced Plan.

Below are some frequently asked questions about the program:

Who can participate?

Medicaid participants enrolled in both Medicare Part A and Part B (full dual-eligibles) and over the age of twenty-one (21) may choose to sign up for this plan if Blue Cross or United Healthcare offers a Medicare Advantage Plan in their county.

How does a participant sign up?

If a participant is interested in this plan, the participant must contact Blue Cross or United Healthcare to determine whether they offer a Medicare Advantage Plan in their county. The participant should consider the following when choosing this option:

- That the drug formulary that the Medicare Advantage Plan uses covers their drugs and that their pharmacy is contracted with the plan.
- Whether their current Healthy Connections doctor is a contracted provider under the Medicare Advantage Plan they choose. If they are, the participant has to follow the Medicare Advantage Plan regulations to continue to obtain their services. If they are not, the participant may choose to continue to see them even though they are not a contracted provider with the Medicare Advantage Plan, but they will be responsible to pay the doctor for any services not covered by the Medicare Advantage Plan.

Blue Cross or United Healthcare will provide benefit plan information directly to the participant once they have selected a Medicare Advantage Plan.

How is a participant going to let the provider know what plan to bill?

The participant will give their Medicare Advantage Plan and Medicaid cards to the provider and the provider will bill for services to the appropriate plan. The Medicare-Medicaid Coordinated Plan Services table, towards the end of this summary, defines which services are Medicare Advantage Plan services and which services are Medicaid services.

How will a provider know who is eligible for the Medicare-Medicaid Coordinated Plan?

Providers should always check eligibility before providing services. Participants who are enrolled in the Medicare-Medicaid Coordinated Plan will have both a Medicaid identification card and a Medicare Advantage Plan identification card. Please remember that the card itself is not a guarantee of eligibility.

The provider can request Medicaid eligibility and benefit plan information for participants using existing eligibility verification processes, including:

- Medicaid Automated Voice Information System (MAVIS) The eligibility response
 for other insurance, available under client information, will indicate that the participant
 has Medicare-Medicaid Coordinated Plan and enrolled with the insurance carrier's
 name.
- EDS Provider Electronic solution (PES) billing software The eligibility or benefit information for other insurance will indicate the Payer name with "MMCP" (Medicare-Medicaid Coordinated Plan) then the insurance carrier's name.

- HIPAA-compliant point of service devices (POS) The eligibility verification for TPR Information will indicate the Payer name with "MMCP" (Medicare-Medicaid Coordinated Plan) then the insurance carrier's name.
- HIPAA-compliant EDS tested vendor software The eligibility or benefit information for other insurance will indicate the Payer name with "MMCP" (Medicare-Medicaid Coordinated Plan) then the insurance carrier's name.

What about the participant's plan premium or co-pay amounts?

The participant does not have to pay any premium for enrolling in a participating Medicare Advantage Plan. The participant will not have to pay co-pay amounts when they obtain services from a provider that is contracted with the Medicare Advantage Plan. For prescription drugs, co-pay amounts will still apply.

How do I bill for a participant on the Medicare-Medicaid Coordinated Plan?

Services covered under the Medicare-Medicaid Coordinated Plan are shown in the table below. Most services are covered under the Medicare Advantage Plan. Providers should bill the Medicare Advantage Plan directly for these services. Any claims sent to Medicaid for services covered under the Medicare Advantage Plan will be denied. Medicaid covered services shown on the table below should be billed directly to Medicaid.

Medicare-Medicaid Coordinated Plan Services			
Benefit	Medicare Advantage Plan	Medicaid	
Hospital Services	X		
Outpatient Services	X		
Emergency Hospital Services	X		
Ambulatory Surgical Center Services	X		
Physician Medical Services	X		
Physician Surgical Services	X		
Certified Pediatric or Family Nurse Practitioner Services	X		
Physician Assistant Services	X		
Chiropractor Services	X		
Podiatrist Services	X		
Optometrist Services	X		
Certified Nurse-Midwife Services	X		
Primary Care Case Management	X		

Medicare-Medicaid Coordinated Plan Services			
Benefit	Medicare Advantage Plan	Medicaid	
Service Coordination: For persons with mental illness, for persons receiving Personal Care Services, and for persons with Developmental Disabilities	X		
Adult Physicals	X		
Screening Mammography Services	X		
Prevention and Health Assistance Benefits (includes health/wellness education and intervention services such as disease management, tobacco cessation programs, or weight management)	X		
Laboratory and Radiological Services	X		
Prescribed Drugs under Medicare Part D	X		
Prescribed Drugs not covered by Medicare Part D	X		
Family Planning Services	X		
Inpatient Psychiatric Services	X		
Outpatient Mental Health Services	X		
Psychosocial Rehabilitative Services		X	
Home Health Care	X		
Therapy Services	X		
Speech, Hearing, and Language Services	X		
Medical Equipment and Supplies	X		
Specialized Medical Equipment and Supplies	X		
Prosthetic Devices	X		
Vision Services	X		
Dental, Medical, and Surgical Services	X		
Dentures	X		
Rural Health Clinics	X		

Medicare-Medicaid Coordinated Plan Services			
Benefit	Medicare Advantage Plan	Medicaid	
Federally Qualified Health Center Services	X		
Indian Health Services	X		
Emergent Medical Transportation	X		
Routine Transportation		X	
Skilled Nursing Facility Services <= 100 days	X		
Nursing Facility Services		X	
Personal Care Services		X	
Other Home & Community-Based Services		X	
Hospice Care	X		
Intermediate Care Facility Services (ICF/MR)		X	
Developmental Disability Agency Services		X	

Do Medicare Advantage Plan claims cross over to Medicaid for cost sharing payments?

Unlike the participant's current Medicare/Medicaid benefit, Medicare Advantage Plan claims for contracted and non-contracted providers will not cross over to Medicaid for any cost sharing payments.

When and how does a participant cancel their participation in the Medicare-Medicaid Coordinated plan?

The participant may cancel his participation in the Medicare-Medicaid Coordinated plan at any time. The participant must contact the Medicare Advantage Plan that the participant is signed up with and cancel the plan. The coverage under the plan continues until the end of the month in which the participant cancels. The participant's Medicaid coverage will revert back to the Medicaid Enhanced plan on the 1st of the month following the month the participant's Medicare Advantage Plan coverage ends, as long as they are still eligible for Medicaid.